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CENTRAL FAX CENTER

AUG 30 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Daniel J. Marchok

Application No.: 09/659,194

Filed: September 11, 2000

For: MULTI-POINT OFDM/DMT
DIGITAL COMMUNICATION
SYSTEM INCLUDING
REMOTE SERVICE UNIT
WITH IMPROVED
TRANSMITTER
ARCHITECTURE

Examiner: Phuongchau Ba Nguyen


Group Art Unit: 2665

Attorney Docket No.: 11520US03

CERTIFICATION OF FACSIMILE TRANSMISSION

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Joseph M. Barich


Signature

AMENDMENT

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Examiner Nguyen:

This Amendment is in response to the Office Action mailed July 14, 2004. Please enter and consider the following:

PTO/SB/21 (08-00)

Approved for use through 10/31/2002

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		Filing Date		September 11, 2000	
		First Named Inventor		Daniel J. Marchok	
		Group Art Unit		2685	
		Examiner Name		Phuongchau Ba Nguyen	
Total Number of Pages in This Submission			Attorney Docket Number		11520US03
ENCLOSURES (check all that apply)					
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____		<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
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Firm or Individual Name	McAndrews Held & Malloy, Ltd.				
Signature	<i>Joseph M. Barich</i>				
Date	August 30, 2004				
CERTIFICATE OF FAX TRANSMITTAL					
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Name (Print/type)	Joseph M. Barich	Registration No. (Attorney/Agent)	42,291		
Signature	<i>Joseph M. Barich</i>	Date	August 30, 2004		

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